



USAID
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| **TB CARE I**

Vietnam

**Year 1
Quarterly Report
April - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Vietnam
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	20-7-2011
From	Nguyen Thien Huong
To	Nguyen Thi Minh Ngoc
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	10%
2. Laboratories	8%
3. Infection Control	6%
4. PMDT	0%
5. TB/HIV	17%
6. Health Systems Strengthening	0%
7. M&E, OR and Surveillance	8%
9. ACSM	8%
Overall work plan completion	7%

Most Significant Achievements

TB In children

The first TA mission by TB-HIV pediatric senior consultant was carried in May 2011 for revision of the guideline on TB-HIV control in children and develop the training curriculums and materials
Training curriculum and materials are being developed (NTP & consultant)

TB control in prison

Meetings to discussed with VAAC (April), NTP (March) on the implementation plan
Study tour for high level of governemtal officers MOH, MOP, Central Parliament prepared

Lab strengthening

Initial assessment of the bio-risks in the labs and TBIS status in the MDRTB treatment wards in 5 new MDRTB treatment centers and workshop to facilitate the renovation work were conducted (May)
Local staff & designers have developed the proposal for renovation of the labs and MDR treatment wards (renovation designs and estimation of needed budget)
Prepared and finalize inventory and needed equipments for procurement
Introduction of new techniques (LED FM, Hain for FS\SL DST), Xpert: Implementation plan and guideline/protocol have been prepared; Xpert machines procurement has been arranged
TBIC facility strengthening in 50 DTUs & HIV clinics

4 steps TBIC facility strengthening program (training, facility assessment and planning, workshop to develop facility plans, implementation facility plans) has been developed (WHO, NIHE, NTP, KNCV)
Training curriculum and materials for TBIC trainings have been developed (WHO, NIHE, NTP, KNCV)

Other activities

Mobilization of finance: developed the advocacy plan for parliament members (WHO, KNCV, NTP and Parliament central): 1 WS for central (Aug), 4 for 4 social-geographical regions (Sep-Dec)
Coordination of partners (TWG), etc ...): 1 quarterly meetings organized (WHO)
OR: TB screening: Concept paper developed

Overall work plan implementation status

All prepararions for the implementation of the activities to be undertaken by the selected partners.
Upon approval of the sub-agreements by USAID/Washington (OAA) and Vietnamese authorities, these activities are ready to start.

Technical and administrative challenges

- 1) To get the sub-agreements (10) with the TB hospitals signed, USAID Washington (OAA) approval is required. KNCV is in the process of preparing all required documentation and will then submit this package for approval to PMU and USAID /W. Approval will be the starting point for further activities.
- 2) The approval process from Vietnamese side (MOH-MPI, Provincial health service-people committees) will be started afer signing SAs between KNCV and local implementing partners
- 3) Limited time remaining for APA1 implementation (31 Dec 2011)
- 4) HR for project: Difficult to find qualified technical officers with appropriate language skills

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	202	274
Number of MDR cases put on treatment	101	243

* January - December 2010 ** January - May 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1.1	Strengthening of integrated HIV/TB control services in prisons in project provinces	Access to TB services for prisoners in line with national guidance for TB control in prisons	Number of prisons in project provinces where HIV/TB services are provided in line with national guidance on TB control in prisons	0	1		x	Activities in this area are pending as USAID Washington approval is required for subs-partners (10 TB hospitals). Approval will be the starting point for further activities.
			Number of TB cases notified in prisons	0	0			Please see comment of 1.1
1.2	Introduction of a new approach towards TB control in Children	Access to TB diagnosis, treatment and care in line with national guidance on TB in children	Numerator: Number of provinces where children have access to TB services in line with national guidance on TB control in children Denominator: Total number of project provinces	0/9	3/9		The first TA mission by TB-HIV pediatric senior consultant was carried in order to revised the guideline on TB-HIV control in children and develop the training curriculums and materials.	Please see comment of 1.1
			Number of TB cases notified in hospitals.	0	0			Please see comment of 1.1

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
2.1	Further development of the laboratory network for early diagnosis of drug resistant TB and adequate follow-up of treatment in 12 designated MDR laboratories	Number of laboratories at MDR treatment centres that have adequate biosafety conditions	Numerator: Number of culture labs with adequate safety conditions Denominator: Number of culture labs at MDR treatment centres	4/6	9/9		The initial assessment on bio-risks of the laboratories and TBIC status of the MDRTB treatment wards in 5 new designated MDRTB centers were done; Inventory of the lab equipments in 5 laboratories were made during the initial assessment; The list of needed equipments has been developed based on the techniques which will be developed in each lab	The local staff and designers will develop the proposal for renovation of the labs and MDR treatment wards (renovation designs and estimation of needed budget) in 3 months (Jun-Aug 2011) with technical support from DNV and KNCV consultants.
2.2	Further development of the TB laboratory network to improve diagnosis of sputum smear negative PTB disease, and MDR TB, especially in HIV co-infected people in 10 provinces	Number of laboratories using GeneXpert in diagnostic algorithm for TB and MDR TB	Number of labs applying GeneXpert in diagnostic algorithm of (MDR)TB	0	15		The Xpert implementation plan has been developed and discussed with NTP, VAAC and WHO; Guideline/protocol for Xpert implementation is being developed; The procurement of the Xpert machines and tests is being arranged through WHO procurement mechanisms	
2.3	Quality implementation and evaluation of new techniques	Validation of new techniques under different circumstances (eg HIV clinic, general hospital, TB clinic etc.)	Documentation re validation of new techniques at the site is available for each pilot site	0	15			

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
3.1	Capacity buiding in TB/IC	Well equipped national trainers group on TB IC	TOT for national trainers group took place and curriculum for training on TB IC is available	No	Yes		First TA mission was provided succesfully; TBIC training curriculum has been developed by the trainer group (WHO, KNCV, NTP, NIHE)	(In July training took place)
3.2	TB IC measures in MDR treatment and HIV facilities implemented (HCMC, HN, CT, DN, Thanh Hoa Bth, KG, BD,AG, Qninh)	Application of TB/IC measures in TB and HIV facilities in project provinces	Number of TB and HIV facilities with adequate TB/IC measures	24/24	55/55			Please see comment of 1.1.
3.3	TB/IC surveillance implemented	Application of R&R tools on TB/IC in TB and HIV facilities in project provinces	Numerator: number of TB and HIV facilities applying R&R tools on TB IC Denominator: Number of TB and HIV facilities in project provinces	0	1/10			Please see comment of 1.1.

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
4.1	Clinical management of MDR patients is harmonized among all treatment units	National clinical council meetings	Number of clinical council meetings per year, well documented and attended by all treatment sites	0	12		2 times by skype a national clinical meeting was held	

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
5.1	Assessment access to care	Overview of access to TB care for HIV positive people	Availability of study report on access to TB care for HIV positive people	No	Yes		Assessment protocol has been developed	
5.2	Capacity building for PEPFAR HIV partners on TB control	Training on TB for PEPFAR HIV partners	Number of people trained on TB	0	200		Assessment protocol for training needs has been developed	

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1	Joint MOH TB/HIV HRD plan	Joint MOH HIV/TB HRD plan is being implemented	TB/HIV HRD plan strategies and main activities are incorporated into the MOH's 2012 annual plan	No	Yes		TORs for HRD consultant was developed; The consultant has been identified. The TA visit is planned for next quarter.	Please see comment of 1.1.






Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target






7.1	Project M&E	Monitoring of project implementation	Number of bi-annual project review meetings held	0	2			The managerial,technical and financial staff from 10 implementing TB Hospitals will be invited to a project rientation workshop and bi-annual project revie meeting after signing contracts between KNCV and local TB hospitals; Please see comment of 1.1
7.2	Evidence based approaches	Interventions are monitored and evaluated for effectiveness	Availability of TA visit reports describing progress and impact of strategies / interventions under the project	0	2	1	TA mission from KNCV-HQ for overall project were carried out from 22 May to 2 June 2011. The TA mission report has been sent to NTP and other NTP's partners	






Technical Area		9. ACSM						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
9.1	Advocacy for local fundraising	Fundraising by members of parliament in SE regions	Number of SE regions organizing local fundraising workshops	0	4		The implementation plan (proposal and budget) for 5 workshops on TB and TB investment awarenese for parliament members in year 1 has been discussed and finalized between central parliament, NTP, KNCV and WHO)	
9.2	TWG for Coordination, harmonization and information exchange between implementing partners of NTP	Quarterly meetings of TWG on PMDT, TB/HIV and laboratory network development	Number of meetings per year of the 3 different TWG's with minutes and list of decisions	0	4	1	A quaterly meeting with representatives of NTP's partners (WHO, USAID, KNCV, CDC, MSH, PATH, FHI, etc ...) were organized at WHO office on 1 April 2011	

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Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Strengthening of integrated HIV/TB control services in prisons in project provinces	1.1.1	Capacity building and supervision	KNCV	66.440	 25%	Dec	2011	Meetings took place to discuss the implementation plan for TB-HIV control in prisons in TB CARE 1 with NTP (31 March) and VAAC (14 April); Plan for exposure visit on TB, TB-HIV in prisons in Kazakhstan for high level government officers (MOH, MOP, Social Affair Committee of the central Paliament) has been developed with KNCV Central Asia Regional Office
	1.1.2	Implement new techniques to initiate proper treatment as early as possible	KNCV	30.558	 0%	Dec	2011	
	1.1.3	TB screening and treatment	KNCV	20.000	 0%	Dec	2011	TB screening at entry (1.1.3.1) and periodical screening activities (1.1.3.2) were cancelled and approved by USAID in the last quartly report (these activities) are provided by NTP\GFATM round 9.
	1.1.4	HIV prevention, treatment and care	KNCV					This activity was not proposed in APA1
	1.1.5	TB/IC measures	KNCV					This activity was not proposed in APA1
1.2 Introduction of a new approach towards TB control in Children	1.2.1	Development of short Vietnamese guideline on TB in children with and without HIV infection	KNCV	43.000	 25%	Sep	2011	The first TA mission by TB-HIV pediatric senior consultant was carried out from 29 May to 1 June 2011 to work with NTP, pediatric hospitals, HIV program in order to revised the guideline on TB-HIV control in children (developed 2006). The mission report was summited. The consultant and NTP staff are working on the revision of the guideline and developing the training curriculums and materials. The WHO document and guidelines are translated into Vietnamese
	1.2.2	Implement guidelines in piloted provinces	KNCV	23.000	 0%	Dec	2011	











Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Further development of the laboratory network for early diagnosis of drug resistant TB and adequate follow-up of treatment in 12 designated MDR laboratories	2.1.1	Facility layout	KNCV	464.000	 25%	Dec	2011	The initial assessment on bio-risks of the laboratories and TBIC status of the MDRTB treatment wards in 5 new designated MDRTB centers were done from 8-18 May 2011 with the participation of the DNV bio-risk consultant, WHO and KNCV TBIC consultants, KNCV laboratory consultant, NTP, NIHE staff and local staff; the workshop to facilitate the labs and MDR treatment wards upgrades were organized on 20-21 May 2011 in Hanoi with the participation of 40 persons from 5 MDRTB treatment centers, NTP and consultants.
	2.1.2	Adequate equipment regarding specification and maintenance	KNCV	554.000	 0%	Dec	2011	Inventory of the lab equipments in 5 laboratories were made during the initial assessment. The list of needed equipments has been developed based on the techniques which will be developed in each lab. This list will be finalised in July 2011 for procurement
	2.1.3	Laboratory work practices	KNCV	29.000	 25%	Dec	2011	Exposure visit of the laboratories and MDRTB treatment ward in Hanoi Lung hospital (BSL2 lab and MDRTB treatment ward) and in NIHE (BSL2 and 3) was organized on 19 May 2011 for 30 staff from 5 new MDRTB treatment centers
	2.1.4	Implementation of molecular techniques LPA (Hain test)	KNCV	190.000	 0%	Sep	2011	TORs for the laboratory consultant are being developed for this area
2.2 Further development of the TB laboratory network to improve diagnosis of sputum	2.2.1	Implementation of LED FM	KNCV	74.140	 0%	Dec	2011	TORs for the laboratory consultant are being developed for this area




diagnosis of sputum smear negative PTB disease, and MDR TB, especially in HIV co-infected people in 10 provinces	2.2.2	Implementation of MTB\RIF system (GeneExpert)	KNCV	413.551	 0%	Dec	2011	The Xpert implementation plan has been discussed developed with NTP, VAAC and WHO. Guideline/protocol (diagnostic algorithm, treatment management, reporting-recording etc...) for Xpert implementation is being developed. The procurement of the Xpert machines and tests is being arranged through WHO procurement mechanism.
2.3 Quality implementation and evaluation of new techniques	2.3.1	Supervision of the laboratory development	KNCV	32.100	 0%	Dec	2011	
	2.3.2	Validation of different techniques and evaluation of intervention	KNCV	40.000	 0%	Sep	2011	
	2.3.3	Technical assistance for overall project activities	KNCV	113.405	 25%	Dec	2011	The first TA mission for PMDT by Jacques van den Broeks from KNCV-HQ was carried out from 22 May to 1 June; Findings: Implementation of PMDT showed good progress, in terms of commitment, detailed expansion plans, extension to 6 sites in 1 year, enrolment of cases (now 402), upgrade of infrastructure, guidelines en SOPs, steering and treatment committees, laboratory (performance and number) and IEC materials. A fourth DRS is planned for this year. Case detection strategy now includes all suspect categories and includes all HIV positive TB cases. Treatment regimens have been standardized to 2 regimens only, including one for SLD resistance. Treatment support includes counseling for psycho-social support, and there is economic support. Drug management, data management and infection control issues have been addressed. The mission report was submitted; The TORs for HRD consultants and research were developed.
					 8%			

3. Infection Control

Planned

Cumulative Progress and

Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Deliverables up-to-date
3.1 Capacity building in TB/IC	3.1.1	National TBIC team and trainer group	KNCV	127.000	 25%	Dec	2011	The list of TBIC testing equipments has been developed (NIHE) for procurement; The first TA mission by KNCV TBIC consultant to assesst MDRTB treatment wards and on the job training for NTP and NIHE staff was conducted from 8-22 May 2011. The
	3.1.2	Develop training curriculum and materials	KNCV	4.300	 25%	Sep	2011	TBIC training curriculum has been developed by the trainer group (WHO, KNCV, NTP, NIHE)
3.2 TB IC measures in MDR treatment and HIV facilities implemented (HCMC, HN, CT, DN, Thanh Hoa Bth, KG, BD,AG, Qninh)	3.2.1	Provide training on TBIC	KNCV	29.000	 0%	Sep	2011	The TBIC trainings for staff from district TB Units, HIV clinics in Hanoi, Da nang, Can tho are scheduled in July 2011
	3.2.2	Assess TBIC status in MDR treatment and HIV facilities	KNCV	31.160	 0%	Sep	2011	This is in progress. All these activities will be done in the next quarters
	3.2.3	Provide follow-up workshop on TBIC facility assessment and plans	KNCV	20.000	 0%	Sep	2011	This is in progress. All these activities will be done in the next quarters
	3.2.4	Implement TBIC facility plans in MDR treatment and HIV facilities	KNCV	395.450	 0%	Dec	2011	This is in progress. All these activities will be done in the next quarters
	3.2.5	Develop IEC materials on TBIC	KNCV	30.000	 0%	Sep	2011	This is in progress. All these activities will be done in the next quarters
	3.2.6	Monitoring and evaluation	KNCV	15.000	 0%	Dec	2011	This is in progress. All these activities will be done in the next quarters
3.3 TB/IC surveillance implemented	3.3.1	Develop TB/IC surveillance	KNCV	5.550	 0%	Sep	2011	This is in progress. All these activities will be done in the next quarters
					 6%			

4. PMDT								
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
4.1 Clinical management of MDR patients is harmonized among all treatment units	4.1.1	Quarterly meeting on progress of PMDT implementation	KNCV	10.000	 0%	Dec	2011	
	4.1.2	Provide laptops with camera	KNCV	12.000	 0%	Jun	2011	
					 0%			





5. TB/HIV					Planned	Cumulative Progress and
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Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Deliverables up-to-date
5.1 Assessment access to care	5.1.1	Assessment of TB screening among HIV infected people	KNCV	50.000	25%	Dec	2011	The draft protocol has been developed by PSI
5.2 Capacity building for PEPFAR HIV partners on TB control	5.2.1	Assessment of learning need and development of training curricular	KNCV	20.600	25%	Sep	2011	The assessment protocol of learning needs for TB control capacity building has been developed by the HRD consultants and shared with country mission
	5.2.2	Provide training and TA	KNCV	47.000	0%	Dec	2011	
					17%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
6.1 Joint MOH TB/HIV HRD plan	6.1.1	Develop integrated strategic HIV/TB human resource development planning 2011-2015	KNCV	43.600	0%	Sep	2011	TORs for the HRD consultant was developed and shared with the country mission. The consultant has been identified and available for the work.
					0%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
7.1 Project M&E	7.1.1	Project review and evaluation	KNCV	45.040	0%	Dec	2011	
	7.1.2	Project office equipments	KNCV	34.051	25%	May	2011	Office equipment has been purchased
7.2 Evidence based approaches	7.2.1	Monitoring and evaluation of protocols, effectiveness of interventions	KNCV	15.000	0%	Dec	2011	
					8%			

Outcomes	9. ACSM		Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
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9.1 Advocacy for local fundraising	9.1.1	ACSM for fundraising for TB control for local authorities and parliament members			 0%	Dec	2011	The implementation plan (proposal and budget) for 1 workshop for central parliament members (August) and 4 workshop on TB and TB investment awareness for parliament members in 4 social-economical regions (Red River Delta, North-Eath, Central High land and Central coast) (September - December) has been discussed and finalized between central parliament, NTP, KNCV and WHO.
	9.1.2	ACSM for fundraising for TB control for editor general of the national news papers	KNCV	65.000	 0%	Sep	2011	
9.2 TWG for Coordination, harmonization and information exchange between implementing partners of NTP	9.2.1	Coordination of TWG's	KNCV	14.000				
	9.2.1	Coordination of TWG's	KNCV	20.000	 25%	Dec	2011	A quarterly meeting with the participation of the representatives of NTP's partners (WHO, USAID, KNCV, CDC, MSH, PATH, FHI, etc ...) were organized at WHO Office on 1 April 2011 (WHO provided financial support for this meeting since APA1 was approved on 20 March).
					 8%			

Quarterly Activity Plan Modifications

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* Detailed budget is attached

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*** Detailed budget is attached**

Quarterly Photos (as well as tables, charts and other relevant materials)